Abreaction - Catharsis: Stirring Dull Roots with Spring Rain

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Abstract:
This essay first presents the ‘classical’ philosophy of abreaction-catharsis, rooted in its historical context, and based on the premise of ‘stored trauma’ that needs to be ‘purged’ to effect a ‘cure.’ We then go on to discuss modern approaches to this crucial therapeutic nexus and contrast ‘stored trauma’ approaches and ‘content free’ methods for generating lasting and effective change. Crucial to a successful outcome is the role of the therapist as a guide who is competent to cope with the (sometimes dramatic) affects expressed as therapy progresses, and who prevents the client becoming ‘out of control’ or ‘stuck;’ and we describe how, as the client ‘works through’ these affects, he gains insight and learns to cope, in a process of discovery and learning eminently achievable under the appropriate therapeutic guidance.

Keywords:
Catharsis, cleanliness, purgation, ecstasy, exorcism, crisis, trauma, anticathexis, catharsis, experiential therapy, Neuro-linguistic programming

“April is the cruellest month, breeding
Lilacs out of the dead land, mixing
Memory and desire, stirring
Dull roots with spring rain...”

In order to understand the nature of the therapeutic phenomenon called 'abreaction-catharsis' which might be said to "stir the dull roots" of neurosis with the "spring rain" of therapy, we need to go on a journey back into prehistory. In the most ancient recorded cultures, the idea of 'uncleanliness' originated in the very real disgust and avoidance of physical impurity, uncleanness or just plain 'dirtiness.' We still feel this today: when encountering bodily secretions (such as blood, faeces, semen, urine, and so on), for example, which are seen as 'contaminating.' By extension certain persons became 'unclean,' either by virtue of disease (such as lepers), or due to other circumstances (such as menstruating women, or those whose work was with unclean substances or persons). This is still observed today in the Hindu caste system, for instance, as described in Sharma [I] and Ross [2]. These ideas ramified further to the extent that eventually certain actions or places in themselves became 'taboo,' and lead to uncleanness: just to perform such an action or be present in such a place (or be in contact with an impure person) lead to 'ritual impurity.' So, just as you would bathe and wash your clothes after performing hard physical labour to remove the sweat, in ancient times you had to 'purify' yourself and surrounding objects after 'ritual contamination.' Purification rites are recorded in different cultural milieux, as discussed in detail in Brunius [3]. The ritual purification was, for example, performed by means of blood, clothing change, fire, sacrifice, water or wine in a consecrated location. These rituals were closely linked to other primitive proto-religious practices, some of which are still in operation today, as with "Bodily purification before offering a sacrifice to God without foregoing provisions for spiritual purification also," as discussed in Isizoh [4]. Moore quotes: "The Greek scholar Jane Harrison said of the ancient worshiper that he or she had to 'drink of Lethe, must present a clean sheet for the revelation to come.' Lethe is the river of forgetfulness" [5]. The phenomena described in the preceding paragraph were abstracted from the realm of the physical into a generalized form of emotional cleansing or 'catharsis' in the tragedies of the ancient Greeks (we shall investigate the origin and meaning of 'abreaction' subsequently). The English word 'catharsis' is derived from the Greek καθαρος, ('pure, utterly clean, spotless'), which generates καθαρις ('cleansing, purge') and hence καθαριζω ('purification'). At the end of a Greek tragedy, the audience members would be drawn into the intense, 'ritualized' suffering of the protagonists, as detailed in Brunius [3]. This would stimulate emotional outpouring, and thus personal spiritual purging. Aristotle (as translated by Golden [8]), wrote in Poetics (Chapter 6): "A tragedy is the imitation of an action that is serious and also, having magnitude, is complete in itself ... with incidents, arousing pity and fear, wherewith
to accomplish its **catharsis** of such emotions.” However, as Lucas comments: “This ‘purification of pity and fear’ constitutes an integral part of tragedy by supplying a relief, or purification, of these emotions and leaving a feeling of fulfilled pleasure. Aristotle’s definition, however, leaves us wondering just what catharsis meant for him and how he thought ‘pity and fear’ produce the necessary purgation” [9]. Nevertheless, whatever the mechanism, at the end of the play the audience felt ‘ecstatic’ (from the Greek εξτασις, meaning ‘astonishment’). Literally, to be ‘ecstatic’ means to be ‘outside oneself.’ The ecstasy was described as a trance-like state, transcending everyday awareness, whereby the individual’s attention was focused intently on specific thoughts, tasks or emotions in the noumenal world, and directed away from the distractions of the everyday phenomenal world. Thus the ecstatic individual would have increased capacity in various modes of operation: whether emotional, physical, spiritual or intellectual. He or she might therefore attain depths of feeling, spiritual revelation, intellectual insight, or physical prowess not accessible under mundane conditions.

In the Greek tradition of the poets Homer and Hesiod, and the mystery cults of Delphi and Eleusis, these states of catharsis and ecstasy, and the resulting increase in self-awareness (allowing spiritual and moral cleansing of ‘sins’), were formalized into disciplines or rituals. As Christianity spread with the Roman Empire, the Greek words καθαρισμός or καθάρισμα were spread with the New Testament: for example, we find in John 2:6 the phrase κατα τον καθαρισμόν των ιουδαϊων, “after the manner of the purifying of the Jews,” as reported in Hurt [10]. Such practices are very much in evidence in modern society: we have only to look at the Roman Catholic ritual of ‘Confession,’ as described by Puljic, which begins with the penitent’s words “Bless me Father, for I have sinned,” and ends with the priest saying “I absolve you” [11]. The cathartic resonances of this ritual need no further elaboration. A history of therapeutic abreaction-catharsis is given in Stratton [12] (the reason for referring to the nexus, as defined in Jemmer [13], as ‘abreaction-catharsis’ rather than the other way round is motivated by the clinical commentary, described below, on how to deal with an abreacting client). Gassner (1727 – 1779) inaugurated in 1775 what Ellenberger describes as “the birth of dynamic psychiatry” [14]. He exorcised daemons, with the process culminating in a dramatic ‘crisis’ in which the possessed individual underwent physical convulsions and emotional release. Mesmer (1734 – 1815) essentially refined the ‘exorcism’ by staring into the patient’s eyes while pressing on the hypochondrium (the part of the abdomen just below the ribcage); with repetition, the intensity of the resulting crises subsided in a gradual ‘desensitization’ process. If, after time, the crises abated entirely, the patient was deemed to have been ‘cured.’ We detect an approximation of the modern hypnotherapeutic approach in the ‘perfect crisis’ of de Puysegur (1751 – 1825). Here the patient went into a deep trance (called ‘somnambulism’); in this state there were no convulsions and the patient could talk clearly and in a detached manner about the sensitive issues of relevance. The termination of this ‘perfect crisis’ often resulted in amnesia of anything that was said or done whilst in the somnambulistic state. The terms relating to ‘hypnosis’ were introduced in 1843 by Baird (1795 – 1860), who experimented with bright lights or swinging watches to induce the trance state, as discussed in Piccione [15]. He found hypnosis to be particularly useful in cases where there was no obvious physical cause for a patient’s symptom’s (such as headaches); he also essentially pre-empted the modern Neuro-linguistic programming idea of the ‘anchor,’ using a single word or object to rehypnotize a patient. Charcot (1825 – 1893) introduced the dimension of scientific neurology into hypnotism. When he treated hysterical patients they showed epileptic-like symptoms when in trance, and he concluded that the hypnotic state was a type of ‘induced seizure.’ Breuer (1842 – 1925) and Freud (1836 – 1939) reported...
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their use of abreaction-catharsis in treating "Anna O" in Studies in Hysteria [16]. Their method, as far as they describe it, went as follows. They first hypnotized the patient and directed her to concentrate on the presenting symptom; she was then encouraged to talk about her experiences or to free-associate. Unfortunately it is not at all clear from their writings exactly how the hypnotic state was induced, nor how deep it was. There is no mention of whether the outcome of the process was a severe 'crisis' or a more gentle resolution. Breuer and Freud did comment however that in some cases there was an intense 'reliving' of the traumatic incident (later to become known as 'abreaction,' a translation of the German abreagieren, 'to react away from'). They were the first to notice that such a 'flashback' could give great insight into the causes and nature of the presenting problem. Moreover, they saw that if the abreaction was experienced in a safe environment, and a better feeling resulted, then the overall outcome was positive (and this later became identified with 'catharsis'). They thus theorized that repressed traumatic episodes were at the root of all neurosis, and that it was crucial to overcome the patient's resistances, to uncover the trauma, and to force abreaction, in order to effect a 'cure.'

Even with these great insights, however, Freud had problems performing hypnosis, and found that his method sometimes had the reverse effect in that it generated an 'anticathexis,' defined in Inhibitions, Symptoms and Anxiety as "the reinforcement of the attitude which is the opposite of the instinctual trend that has to be repressed" [17]. The last hypnotic straw snapped for Freud in 1896 during a time of intense personal crisis. A female patient hugged him when she emerged from a trance, and the two were seen by a servant. After this incident he severed his ties with Breuer, ceased using hypnosis, and resorted instead to dream interpretation, free association, massage, pressure to the head, and suggestion. At this time he stated, in The Aetiology of Hysteria that, "catharsis produces only transient change" [18]. In fact with hindsight, we realise that Freud was searching for controlled, intellectual tools for his own self-analysis: this search resulted in The Interpretation of Dreams [19] and the birth of Psychoanalysis. We note in passing that after initial investigations into 'trauma theory' [20], Jung abandoned suggestion and abreaction as useful tools in treating neurosis. He writes: "I soon discovered that, though traumata of clearly aetiological significance were occasionally present, the majority of them appeared very improbable. Many traumata were so unimportant, even so normal, that they could be regarded at most as a pretext for the neurosis. But what especially aroused my criticism was the fact that not a few traumata were simply inventions of fantasy and had never happened at all ... I could no longer imagine that repeated experiences of a fantastically exaggerated or entirely fictitious trauma had a different therapeutic value from a suggestion procedure" [20], and continues, "The belief, the self-confidence, perhaps also the devotion with which the analyst does his work, are far more important to the patient (imponderabilia though they may be) than the rehearsing of old traumata" [20].

Stratton goes on to discuss the work of Janet [21,22], who worked with Charcot and was Freud's main rival in France. He claimed to have developed the cathartic cure, before Freud and Breuer, by means of "automatic talking" as reported in the cases of patients Marcel and Justine. We note in passing that Janet could be said to have/time in having implemented some of the current techniques of Neuro-linguistic programming by using hypnotic states to modify visual images, and, as Ellenberger [14] points out, in applying ideas now associated with the 'permissive hypnotherapy' of Erickson (1902 – 1980) (see Battino and South [23]), and the 'structural integration' of Rolf (1896 – 1979) (see [24]). However, Janet's exact methodology notwithstanding, Haule notes that the patients "... both appeared to change their pathology under the influence of Janet's treatment. Both manifested distinguishable
states of consciousness (like the dissociation in hysteria), and in both cases the somnambulic state could be duplicated by hypnosis (again as with hysteria). But in both cases, when the fixed ideas were made conscious, they did not become integrated with the dominant personality (as in the cure for hysteria); rather, both patients became obsessive [25]. So Janet’s methodology was far from being a complete success in all cases. During and after the First World War, Freud’s ideas were used as a basis for treating ‘shell shock’ and other so-called ‘war neuroses.’ As the US National Library of Medicine explains: “Soldiers displaying such somatic symptoms as paralysis, muscular contracture, and loss of sight, speech, and hearing for which no organic bases could be found came to be regarded ... as suffering from conversion hysteria. In these cases, psychogenic explanation focused on unconscious conflicts between ‘fear’ and ‘duty’ with a resulting ‘flight into illness’” [26]. Simmel used abreaction-catharsis with the “numerous patients who had hitherto, despite long and careful medical effort, showed themselves to be impossible to be influenced” [27] with good success.

It is interesting to note that even Freud was impressed by these results, commenting, as quoted in Stratton: “The practical results of the cathartic treatment were excellent. Its defects... were those of all forms of hypnotic treatment” [20]. Tucker-Ladd [28] discusses how Adler [29] extended Breuer’s and Freud’s ideas of repressed trauma into a ‘developmental’ theory of an individual’s “life story.” He observed that people generally changed little psychologically between say two and sixty years of age, and conjectured that this was because the ‘two-year-old self’ is always present in the psyche, and that our earliest memories determine our “life story” and hence our future course. This story is built from beliefs as to ‘Who am I? ... Who are others? ... What is the world?’ These in turn are underpinned by motivators like ‘What do I want? ... What is my place in the world?’ that drive our behaviour towards unique and meaningful goals. Finally we have options, for example ‘How do I achieve my goals? ... How do I stay in my place?’ The infantile self’s beliefs, motivators and options inhere and operate unconsciously throughout life. This is reinforced by Leman and Carlson [30] who conjecture that one’s earliest memories are the best descriptors and limiters of one’s current self. To paraphrase their example: imagine a child who had her trust broken by a carer’s sexual abuse, and whose protests were silenced by threats and guilt. As an adult, this victim of childhood trauma presents in therapy with evidence of sexual immaturity and insecurity, leading to disturbed or pathological relationships. She feels fearful and untrustworthy of others; and at core her beliefs are that she is worthless, and ‘impure.’

So, putting together all the ideas discussed above, we can give a definition of the abreaction-catharsis nexus in a modern therapeutic context. Edgerton and Campbell [31] define ‘abreaction’ as follows:

“abreaction: The discharge of energy [emotion] involved in recalling an event that has been repressed because it was consciously intolerable. The experience may be one of reliving the trauma as if it were happening in the present, complete with physical as well as emotional manifestations (also called revivification). A therapeutic effect sometimes occurs through partial discharge of, or desensitization to, the painful emotions and increased insight. Abreaction can happen spontaneously or can be therapeutically induced through verbal suggestion or hypnosis.”

So, in modern psychotherapy the term ‘abreaction’ describes an emotional outburst consistent with a traumatic memory, experienced when an individual relives that trauma. It is usually thought of as accompanied by, or followed by, a ‘catharsis’ or psychological ‘cleansing’ (and this is why I consistently
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refer to the nexus in this order). Bower [32] quotes from the American Heritage Dictionary which explains it in this way:

"ca-thar-sis noun. 1. Medicine. Purgation, especially for the digestive system. 2. A purifying or figurative cleansing of the emotions, especially pity and fear, described by Aristotle as an effect of tragic drama on its audience. 3. A release of emotional tension, as after an overwhelming experience, that restores or refreshes the spirit. 4. Psychology. a. A technique used to relieve tension and anxiety by bringing repressed feelings and fears to consciousness. b. The therapeutic result of this process; abreaction."

Now that we have investigated the birth and historical growth of abreaction-catharsis, let us pursue its maturation (and maybe the beginnings of its death) in modern therapy. Stratton comments on the next stage in the expansion of the technique: "It was the development of experiential therapy in a group setting that created conditions in which the potential of these methods could be taken seriously" [20]. This was particularly relevant "in a publicly chaperoned situation, when a patient underwent a major catharsis with the enactment of unconscious issues." The ideal bedding-ground for advancement in self-actualization was the 'Human potential movement,' championed by Perls (1893 - 1970), Rolf, Satir (1916 – 1988) and Schutz (1899 – 1959), at the Esalen Institute in California. The Esalen Institute today describes itself as a place where people

"...come from all over the world to participate in Esalen's forty-year-long Olympics of the body, mind, and spirit, committing themselves not so much to 'stronger, faster, higher' as to deeper, richer, more enduring. They come for the intellectual freedom to consider systems of thought and feeling that lie beyond the current constraints of mainstream academia. They come to discover ancient wisdom in the motion of the body, poetry in the pulsing of the blood. They come to rediscover the miracle of self-aware consciousness. At best, they come away inspired by the precision of a desire to learn and keep on learning through all of life, and beyond" [33].

According to Grohol this "freedom to consider," as it has been described, "... came out of the social and intellectual milieu of the 1960s, and was formed to promote the cultivation of the extraordinary potential believed to be largely untapped in most people. The movement is premised on the belief that through the development of largely untapped potential for extraordinary capabilities, humans can experience an exceptional quality of life filled with happiness, creativity, and fulfillment" [34]. Zaiv explores the growth of the Human potential movement by posing the question, "What would happen if a group of people, as practice for life, related in full honesty with one another? Would we argue? Defend ourselves? Project, or accuse, or apologize? Would we learn to drop our walls and heal our patterns enough to get truly close to one another? Would we learn to understand, even to love, ourselves and others?" [35]. The 'Encounter group' was born in order to answer this exact question. At the same time many other 'New age' methods, techniques and therapies were being inaugurated and investigated, amongst them Bioenergetics, Gestalt therapy, Neuro-Reichian bodywork, Neuro-linguistic programming, Primal therapy, Psychodrama, Rebirthing and Transactional analysis, Lewin (1890 - 1947), quoted in Potter as saying, "If you want truly to understand something, try to change it" [36], extended the Encounter group idea to form the T-group.

This process is described in the following way by ODCT: "In 1947, the National Training Laboratories Institute began in Bethel, ME. They pioneered the use of T-groups (Laboratory Training) in which the learners use 'here-and-now' experience in the group, feedback among participants, and theory on human behaviour to explore group process and gain insights into themselves and others... A T-Group is not a group discussion or a problem solving group" [37]. Smith [38] discusses in depth the influence of Lewin on modern theories of group dynamics and group therapy. A particularly important point is made by Potter who emphasizes that "The T-Group nowadays is usually so dominantly
thought of as a form of 'therapy for normals,' and as a way of becoming sensitive to face-to-face relations between people, that the laboratory of its birth is forgotten. It is therefore surprising that in the early days general sessions were held within the programmes on generational problems: the meaning of democracy, values, and nuclear power.

The last issue may give a clue to one direction the T-Group took in the sixties and seventies: the personal growth movement” [36]. Despite the emphatic statement that “A T-Group is not a group discussion or a problem solving group,” and therefore was never intended to be a forum for abreaction-catharsis as such, the very burgeoning of such groups, together with the myriad of other ‘New Age’ therapies mentioned above, began to disconcert ‘traditional’ practitioners of psychiatry and psychoanalysis. In general, they reacted with suspicion, and exaggerated or misinterpreted the ineffectiveness or dangers which might arise in such groups or from such therapies. Indeed Yalom, one of the main investigators into, and commentators on, the panoply of these therapies, later wrote: “The casualty research findings have resonated with so many preconceptions that encounter groups per se are now, as a result of the study, described as more dangerous than I, the principal investigator of the casualty research, believe them to be” [39]. Tucker-Ladd adds weight to this comment, writing: “Several scientists … have sloppily accepted many diverse acts as being ‘catharsis’ and prematurely concluded that all kinds of catharsis are ineffective or harmful” [28].

And so what of the situation at the turn of the 21st Century? As with most things, the acceptability and respectability of abreaction-catharsis as a therapeutic tool lie on a spectrum. Sunnen gives the point of view of a medical practitioner as follows: “Another facet of the therapy involves the ventilation and catharsis of repressed affect, which although not integrative in itself, provides for attenuation of emotion and for subsequent easier handling” [40]. In modern psychoanalysis abreaction-catharsis is not highly regarded at all. Neuro-linguistic programming practitioners would say that there are other techniques at hand and thus abreaction is outmoded and unnecessary [41]. Exponents of Rotter’s Social learning theory believe that it can be helpful or harmful depending on the client and the situation. Behaviourists regard it as involuntary and sometimes useful. Therapists advocating the Hart-Thorne Eclectic methodology find it useful. And, Humanist practitioners (using Transactional analysis or Gestalt therapy) believe it is very important. It is particularly meaningful in terms of ‘body-based’ therapies described by Bernet as “the abreactive therapies (Reichian, bioenergetics, primal therapy), gestalt, Jungian, existential therapies, psychodrama and encounter groups” [42].

So, in summary: either as a client or as a therapist, you ‘pay your abreaction and take your catharsis!’ It really does come down to a matter of personal choice and appropriateness to the individual and their needs. The Neuro-linguistic programming (NLP) perspective is explored in detail in other articles: for example Jemmer [41] investigates the use of NLP in treating phobia and trauma “quickly and painlessly,” without recourse to abreaction-catharsis.

Let us now turn attention to the actual use of catharsis in a therapeutic setting. Watts [43] emphasizes the critical nature and timing of abreaction in therapy, particularly if one is not to damage the client, and even more so if one desires a positive cathartic outcome. He states: “One can say that it is generally agreed that no therapist should attempt to induce catharsis artificially. One should simply do good therapy and eventually the catharsis will happen of its own accord” [43]. He goes on to delineate three entirely separate trauma-traces, which in general resurface with different force and import at different points in therapy, and which must be dealt with accordingly. First, there is the (usually visual) perception of the trauma (the ‘initial sensitising event’) itself: a ‘picture’ of what has happened. Then, there are the physical sensations associated with the event. And finally, and most importantly, there is the emotional response to the sensitizing event. Initially in abreaction, according to Watts, the trauma is “revivicated.” The client recalls strong
physical sensations which are often initially uncoupled from the emotional content of the events, or from any other memories.

In revivification the autonomic nervous system can react to remembered pain and this can lead to actual physical manifestations. For example, suffocation trauma can lead to difficulty in breathing; gripping or slapping can lead to finger marks on the arm or face. In fact the revivification can be accompanied by a violent emotional response, and Watts observes: “A client may scream, shout, sob, sweat, shake violently, curl up into a foetus, gag; and all these manifestations can be a truly unnerving experience for the unwary!” [43]. During all of these affects, the therapist must maintain an attitude of confident ‘watchful waiting’ and as Watts warns: “You must not show fear, excitement, anger, or any affect that conveys to the client that you are responding differently to this event than you do to the usual therapy” [43]. The therapist is present as a guide as the client ‘does the work’ of the therapy on his/her own terms, and must ensure that he/she partakes of his/her experience fully. In particular the therapist should avoid physical contact, and must respect the client’s responses, acknowledging that ‘riding out’ of pain in this particular context can be acceptable, and indeed empowering. He should restrain the urge to comfort him/her. It is however critical that the client revivicates the true ‘initial sensitising event’ to get to the root of the presenting problem. Watts comments on the philosophy behind this approach: “In terms of therapy, something wonderful is happening; the client is setting themselves free from a prison of their mind’s making and their life is going to change immeasurably for the better over the next few months” [43]. So, now, the abreaction has abated: often the client emerges from his/her trance-like state spontaneously; if this is not the case then the therapist should awaken his/her as appropriate. After the abreaction the client may or may not remember the incident.

Most modern methodologies hold that the therapist should acknowledge that some ‘event’ has happened, but that further discussion of that event will depend on the client’s recall. It is usually some time after this ‘physical’ abreaction that the emotional (‘cathartic’) content that has become attached to the initial sensitising event (such as anger, guilt, shame or vulnerability) manifests itself, and thus we refer to the nexus as ‘abreaction-catharsis.’ Watts cautions: “It was once considered that a catharsis arbitrarily meant a breakthrough. Today, that is only so if it takes the client back to the ‘defining moment’ of a life program or ‘script,’ and brings back with it valuable information about that script, whether or not this information is conscious to the client!” [43]. In any case, the therapist must act solely as an observer and guide as the client interprets and gains insight for him/herself. Information resulting from the catharsis is regarded as neutral, and the client must be facilitated in ‘moving on.’ Care must be taken not to get ‘sidetracked’ into other issues due to embarrassment, or the potential or actual pain of the process. The therapist must help the client constantly to pursue the initial sensitising event, for as Watts warns us: “… if the emotional response does not start to fade within a few minutes, or if it returns to its former strength each time the memory is accessed, then there is still work to do...Keep going until the negative emotion has cleared and cannot be restored” [43]. However, once the emotional ‘memory’ is discharged then it is generally found that the symptoms associated with the presenting trauma abate and eventually totally disappear. Watts comments: “It is not fair to say that all their symptoms will disappear overnight, but from that cathartic moment onwards, the client will start to feel well and his/her symptomatic work will very soon start to fade” [43].

Of course the prime motivator for all of the above approaches is the Freudian idea of ‘stored trauma’ which must be ‘purged’ to effect a ‘cure.’ Essentially these approaches hold that when we experience trauma, the event creates a ‘trauma-trace’ and a new
trauma response is ‘learned.’ In Neuro-linguistic programming terms we ‘learn to “do” the trauma.’ This response is then constantly re-experienced and forms the basis for future behaviour. This leads to models of therapy which presuppose some kind of underlying ‘problem,’ whether conscious or not, in the aetiology of every presenting client. The therapist is duty-bound to use careful elicitation to uncover the (potentially repressed) trauma. Baffa comments on this philosophy from a different point of view: “The problem with this kind of ‘always’ theory is the understanding of context, or a lack thereof. What you want, where, when, and with whom you want it are more relevant to the process of effective useful change.

It doesn’t really matter where or when they learned how to do what they are doing now. All that matters is that they did learn” [44]. Another problem with the “always theory” is that even if a client does not have a ‘stored trauma,’ with enough psychological probing the therapist can always manage to install one! The modern toolkit of Neuro-linguistic programming (NLP) provides a different approach to life-change and personal growth which avoids these pitfalls, and as Baffa comments, “I don’t deal with trauma, or anything else for that matter. Instead I embrace the individual personality before me” [44]. In essence, as O’Connor and Seymour [45] point out, NLP presupposes that the individual personality is “not broken.” On the contrary, people are extremely competent subconscious learners, and can ‘self-program’ thoughts, feelings, internal voices, emotions and physical feelings accurately and sometimes very quickly; and of course the subconscious always acts with positive intent. Moreover, people are different, and each individual has his/her own ‘map of the world.’ So context is all: what would be trauma to one person would be excitement to another.

The real problem arises when we get ‘stuck in a loop’ and replay an old, outdated, inappropriate or unhelpful ‘program’ over and over. As Baffa explains: “Human beings do that sometimes. Rather than sit down and ask, ‘How many different ways can I accom-

plish this,’ they quickly pick a method, and wind up... you know what I mean. There is always another way. In fact, given our neurological flexibility, there really is no way that it can’t be done. It’s just a matter of finding a way that works. And as creatures of habit, we sometimes choose what we are comfortable with first. And when that doesn’t work?” [46]. The thrust of NLP techniques is to ‘break the loop,’ based on the idea that if have learned then we can relearn. So how is this done? And do we need to dig and delve into ‘stored trauma’ to achieve this relearning? The ‘NLP answer’ is given by Baffa who says, “As far as I can tell, what’s done is done - that’s why they call it the past. There is no such thing as unfinished business. The business is finished, they just don’t like the way it turned out” [47].

Using the NLP toolkit we find, and remove anchors for the old behaviour pattern whilst installing new, more appropriate and congruent feelings; we can change a client’s internal ‘map’ of the world, and therefore their perceptions. This is explained by Baffa as helping the client “… to learn how to interpret his/her own behavioural patterns as means of continuously building in flexibility” [48]. And central to this process is the belief, outlined in Baffa, that “Plain and simple, the brain does not need to go backwards as a means of moving forward. And most certainly, the person who has experienced some painful situation does not need to be convinced to go through it again” [48]. Any ‘NLP-er’ ‘worth his salt’ would have calibrated his client at an early stage in therapy for the minute physiological indicators of his/her discomfort, and would be constantly vigilant for these. Moreover, an authentic NLP practitioner would be careful to provide the client with anchors to secure and resourceful states. So, if any unproductive effects or harmful affects should inadvertently surface, the client could quickly and easily be brought back to a place of quiet and tranquillity. These approaches are explained and exemplified in detail in the context of the NLP treatment for phobia and trauma in Jemma [41]. Other NLP patterns and tools for effective non-invasive change such as
the ‘Swish pattern’ are given in Andreas and Andreas [49]. James [50] discusses at length the theory and practice of ‘Timelining.’ Yet another excellent means of effecting change is ‘Parts therapy’ as described in Hunter [51].

In conclusion, the ‘classical’ philosophy of abreaction-catharsis is based on the premise of ‘stored trauma’ that needs to be ‘purged’ to effect a ‘cure.’ The therapist acts as a guide who is competent to cope with the (sometimes dramatic) affects as therapy progresses, and who prevents the client becoming ‘out of control’ or ‘stuck.’ As the client ‘works through’ these affects, he/she gains insight and learns to cope. This is summed up by Sunnen: “In most hypnoanalytic interventions, supportive as well as insight methods are used. Supportive measures, in this context, do not imply blanket reassurances for the patient. Rather, they convey, first, an understanding of dynamic forces, and then a strategy of encouraging or reinforcing healthy constructive ones and repressing or weakening those which are not” [40]. In contrast, NLP methodologies are not based on a belief in ‘stored trauma’ which must be ‘purged,’ but rather offer a toolkit for ‘content free’ change. As Baffa explains “…using the skills that I have come to respect, what we loosely call NLP, I help them build in new dreams, hopes and desires. Then I show them how to have fun, how to learn, how to enjoy all that life has to offer” [44]. And I think we can all agree with Baffa when she says: “I do think human beings are very capable creatures, and that the words learning and change mean the very same thing. Without learning, there is no change, and without change, there is no learning” [46]. In short, when a client presents, and is in pain, in a “cruel place,” a “dead land” [52 — 56], the therapist’s job is to facilitate a move to a less painful place, using methodologies of learning and change which “mix memory and desire” to validate and develop that particular client [57,58]. However all the evidence presented above suggests that change and growth are eminently achievable under the appropriate conditions, and on this note we finish with an uplifting quote from ÝbrahIm Özdemir [59] which sums up this article:

“And the cleanliness and purification … cleans and makes beautiful all the beings in the universe.”

References


Abreaction - Catharsis: Stirring Dull Roots with Spring Rain

Case Reports

The Editor of the journal would like to invite medical doctors, psychotherapists, hypnotherapists and other mental health practitioners to submit relevant Case Reports for inclusion in the EJCH. Case Reports can be a useful way to illustrate new insights and approaches.

To submit papers please email: editor@ejch.com